

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 596820

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3		1		1		
4		1		1		
5		2		1		
6		2		1		
7		2		1		
8		2		1		
9		2		1		
10		1		1		
11		1		1		
12		2		1		
13		2		1		
14		2		1		
15		2		1		
16		0		1		
17		0		1		
18		0		1		
19		0		1		
20		0		1		
21		0		1		
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42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	29	←	36	←		←
TOTAL CLAIMS	31		38			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						